

## To be accepted for treatment:

You have a right to receive age-appropriate treatment. Services cannot be denied, interrupted or reduced without good cause. If your services are denied, interrupted or reduced you can appeal the changes to your services. There is more information on what to do if there are changes to your services in the next section of this booklet.

## To freely file an appeal:

Before anyone can change your service or deny your request for a service, you will receive a notice explaining your rights. You have a right to appeal any changes to the services you already receive or any services you and your service provider have requested to receive. The way you appeal the changes depends on how your services are funded:

- If Medicaid pays for your services, you may appeal the changes through the Division of Medical Assistance. Follow the directions in the written letter for your federal rights. If you appeal the decision by the deadline in the letter, your services will continue during the appeal.
- If your services are paid for by state funds (sometimes called IPRS funds), you may appeal the decision to the LME. If you still are unsatisfied with what the LME decides, you may appeal to the state DMH/DD/SAS to review the decision. Your services may or may not continue while you are appealing this decision.
- If your private insurance company pays for your services, you can appeal their decision through your insurance company.

If you are unsure how to appeal changes to your services or if you have questions about appeals, contact your LME customer service office at \_\_\_\_\_ or contact the Advocacy & Customer Service Section at DMH/DD/SAS at (919) 715-3197. For all appeals, call the number on your appeal notice.

**Ask your LME and provider to let you review the policies and procedures about grievances and appeals.**